

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10629538

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	1019		1				59						
10							60						
11							61						
12							62						
13							63						
14	1020-1028						64						
15							65						
16	1029						66						
17							67						
18							68						
19	1030-1032						69						
20							70						
21							71						
22	1033		1	1			72						
23							73						
24							74						
25							75						
26	1034						76						
27							77						
28							78						
29	1035		1	1			79						
30							80						
31	1036		1				81						
32							82						
33							83						
34	1037-1038						84						
35							85						
36							86						
37	1039		1				87						
38							88						
39	1040-1052						89						
40							90						
41							91						
42	1053		1				92						
43							93						
44	1054						94						
45							95						
46	1055		1				96						
47							97						
48	1056		1				98						
49							99						
50	1057-1058						100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			6				TOTAL DEP.						
TOTAL CLAIMS			8				TOTAL CLAIMS						